

### STATE OF NEW HAMPSHIRE

#### 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

#### PLEASE PRINT

1. Name of Lo	bbyist(s) Steve	Ahnen, Paula i	Minnehan, Ka	thleen Bizarro-Thunberg	, Travis Boucher
II. Name of lo	bbyist's partners	hip, firm or co	rporation, if a	ny:	
New Hamps	hire Hospital Ass				
	(Name of partne	rship, firm or corp	ooration)		
125 Airport F	Road	Cor	ncord	NH	03301
Business Addres	ss: (Street)		(Town/City)	(State)	(Zip Code)
( 603)225	-0900	(603)_	225-4346	e-mail pminn	ehan@nhha.org
(Tele	phone)		(Fax)	)	
				to any one client).	to the following client:
<u>OR</u>	(Full Nam	e of Client as it a	ppears on the Lo	bbyist Registration Form)	
	ole transactions by y particular client.		cluding the lob	byist's family), or the lobb	ying firm listed below which are
IV. Date of Re	eport April 26	, 2017		July 26, 2017	
Reports cover:		e of registration	to 3/31/17	activity from 4/1/17 to 6/3	
		25, 2017 VI	17	January 31, 2018	
	activity froi	n 7/1/17 to 9/30/1	7	activity from 10/1/17 to 1	2/31/17
	necked, complete j			transactions made sine se Secretary of State's Office	ce the last report.   Ce. State House, Room 204,
VI. Check if a	dditional reports	are attached:			
			res, you must f	ile <b>Addendum A</b> – Fees an	d Expenses
	e paid an honorari				- Report of Honorariums or
		nily has made p	olitical contrib	utions, you must file Adde	ndum C- Political Contributions
	ent/Affirmation   A 15. RSA 15-B.		RSA 664 and h	ereby swear or affirm that	the foregoing information is true
	o the best of my k			/	1
(Signature of I	lob yis)	rehe_	<del>-</del>	16las	(Date)
Paula Minne	han f lobbyist)				RECEIVE

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### STATE OF NEW HAMPSHIRE

#### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Steve Ahnen, Paula Minnehan, Kathleen Bizar	To Thanberg, Travis Bodolici		
II. Name of lobbyist's partnership, firm or corporation, if any:  New Hampshire Hospital Association			
(Name of partnership, firm or corporation)			
III. Name of Client	Date		
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	it relations, or public relations service		
a) Total of all fees received in this reporting period	a) \$		
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$		
c) Total of all fees received to date (Add lines a and b)	c) \$		
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$		
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to re fees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) th during the reporting period for salaries, benefits, support staff, and office e individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbi (c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with val ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made b may be filed for the lobbyist(s)/firm he aggregate total of all expenses pai expenses; (b) the aggregate total of a ble: meals purchased during a busines hess than \$10 that is given to the perso ed with a value of \$25.00 or less); an orting period of greater than \$25.00 for he of greater than \$25, purchase of her than \$25, but not greater than \$50, he expense reimbursement, or political		
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$15,626.00		
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$		
c) Total of all itemized expenditures reported in detail in section VI.	c) \$		

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$ _68,030.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	10/05/17 (Date)
Paula Minnehan	
(Print Name of lobbyist)	



## STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s) St	eve Ahnen, Paula Minn	ehan, Kathleen Bizarro	-Thunberg, Travis Boucher
II. Name of lobbyist's pa	artnership, firm or cor	poration, if any:	
New Hampshire Hospit	•	•	
<u> </u>	artnership, firm or corporation)		
	•		
III. Name of Client			Date
			ter 664 paid on behalf of the
client/lobbyist and lobby	ing firm, indicate the fo	llowing:	
Full name of candidate:	Soucy (Last Name)	Donna	(ACIDI-Nomediate)
		(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	250.00	Office Candidate is	Seeking Senate
Full name of candidate:	D'Allesandro	Lou	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	250.00	Office Candidate is	Seeking Senate
		Office Canadate is	Seeking
	ontribution on the line abo	a description of the good	s or services provided, and enter the
actual cost of the in-kind co	ontribution on the line abo d the word "estimate." Cavanaugh	a description of the good ve for amount of contribu Kevin	s or services provided, and enter the tion. If the actual cost is not known
actual cost of the in-kind co	ontribution on the line abo d the word "estimate."	a description of the good ve for amount of contribu	s or services provided, and enter the tion. If the actual cost is not known  (Middle Name/Initial)  Senate

(If more than three contributions were made, report add	ditional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 is true and complete to the best of my knowle	and hereby swear or affirm that the foregoing information edge and belief.
Coignature of lobbyist)	10/25/17
Paula Minnehan	(Date)

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Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	ient/Aff	irma	tion	by L	obbyist
Statem	ent of	Income	and	Expe	enses	for:

Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Association
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client):
Date of Report (check one):
April 26, 2017 □ July 26, 2017 □ October 25, 2017 ▼ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.  (Signature of lobbyist)  (Date)
Steve Ahnen
(Print Name of lobbyist)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Stateme	nt/Affirm:	ation by	Lobbyist
Statem	ent of In	come and	Expens	es for:

Name of Lobbying partnership, firm, or corp	poration: New Hampshire Hospital Association
Name of Client (leave blank if Statement is	for the partnership, firm, or corporation and not related to any
particular client):	
Date of Report (check one):	
April 26, 2017 □ July 26, 2017 □	October 25, 2017   ✓ January 31, 2018 □
	the Statement of Income and Expenses described above, and hat Statement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing is complete to the best of my knowledge and be (Signature of lobbyist)	
Paula Minnehan	
(Print Name of lobbyist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Association
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to an particular client):
Date of Report (check one):
April 26, 2017 □ July 26, 2017 □ October 25, 2017 ☑ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) Secu-Turnsley (Date)
Kathleen Bizarro-Thunberg
(Print Name of lobbyist)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corp	poration: New Hampshire Hospital Association
Name of Client (leave blank if Statement is	for the partnership, firm, or corporation and not related to any
particular client):	
Date of Report (check one):	
April 26, 2017 □ July 26, 2017 □	October 25, 2017 January 31, 2018
	the Statement of Income and Expenses described above, and that Statement (insert the number of Addendum forms being
I hereby swear or affirm that the foregoing complete to the best of my knowledge and be (Signature of lobbyist)	information on the Statement and each Addendum is true and belief.  LO[25/17 (Date)
Travis Boucher	
(Print Name of lobbyist)	